

Application Checklist

Use this checklist to help you arrange the sections of the application in the correct order. This form is available as a fill-in form on the IMLS web site (see information on electronic forms, page 3.5).

- ☐ Face Sheet
- ☐ Application Checklist
- ☐ Abstract
- ☐ Narrative
- ☐ Schedule of Completion
- ☐ Project Budget
 - ☐ Detailed Budget
 - ☐ Summary Budget
 - ☐ Budget Justification
- ☐ Current, Federally Negotiated Rate for Indirect Costs, if applicable
- ☐ Specifications for Projects Involving Digitization, if applicable
- ☐ Partnership Statement, if applicable
- ☐ Proof of Non-Profit Status, if applicable
- ☐ Applicant(s) Organizational Profile
- ☐ Assurances/Certification of Authorizing Official
- ☐ Resumes of Key Personnel (no longer than two pages per person)
- ☐ Attachments, as appropriate
 - ☐ Report from Planning Activities (e.g., Needs Assessments, Digitization Plans)
 - ☐ Products or Evaluations from Previously Completed or Ongoing Projects of a Similar Nature
 - ☐ Other _____
- ☐ Applicants are required to submit an electronic copy of the abstract, narrative, and Specifications for Items Involving Digitization, if applicable, on a 3.5 inch disk or a CD, formatted as a text file (.txt) or a rich text file (.rtf). Be sure to include institution and project contact information as a file in your disk.

Face Sheet

OMB No. 3137-0035
CFDA No. 45.312

1. Applicant Organization _____

2. Institutional Mailing Address _____

3. City _____

4. State _____

5. Zip Code _____

6. Web Address _____

7. DUNS Number _____

8. Name of Project Director/Principal Investigator ☐ Mr. ☐ Ms. ☐ Dr. _____

9. Business Phone of Project Director _____

10. Project Director Mailing Address _____

11. City _____

12. State _____

13. Zip Code _____

14. Fax Number of Project Director _____

15. E-mail Address of Project Director _____

16. Name and Title of Authorizing Official _____

17. Business Phone of Authorizing Official _____

18. Sponsoring institution if applicable (e.g., municipality, state, or university)

☐ check if this entity will manage funds if an award is made. Name and address: _____19. Is the applicant organization university controlled? ☐ yes ☐ no

20. For museum applicants, non-federal operating budget for the most recently completed fiscal year \$ _____

21. Project Title _____

22. AMOUNT REQUESTED \$ _____

23. Amount of Matching Funds \$ _____

24. Grant Period (Starting Date) ____ / ____ / ____ — ____ / ____ / ____ (Ending Date)

25. In the space below, include names of any organizations that are official partners of the project.

26. Check governing control of applicant (select one) ☐ State ☐ County ☐ Private Non-Profit
☐ Municipal ☐ Tribal Government ☐ Other, please specify _____

27. Check Type of Organization (select one)

- | | |
|---|--|
| <input type="checkbox"/> Academic Library | <input type="checkbox"/> Arboretum |
| <input type="checkbox"/> Institution of Higher Education | <input type="checkbox"/> Aquarium |
| <input type="checkbox"/> Library association | <input type="checkbox"/> Art museum |
| <input type="checkbox"/> Museum library | <input type="checkbox"/> Botanic garden |
| <input type="checkbox"/> Public library | <input type="checkbox"/> Children's/youth museum |
| <input type="checkbox"/> Research library/archives | <input type="checkbox"/> General museum* |
| <input type="checkbox"/> School library or school district applying
on behalf of a school library or libraries | <input type="checkbox"/> Historic house/site |
| <input type="checkbox"/> Special library | <input type="checkbox"/> History museum |
| <input type="checkbox"/> State library agency | <input type="checkbox"/> Natural history museum |
| <input type="checkbox"/> State museum agency | <input type="checkbox"/> Nature center |
| <input type="checkbox"/> Other, please specify _____ | <input type="checkbox"/> Museum organization |
| | <input type="checkbox"/> Planetarium |
| | <input type="checkbox"/> Science/technology museum |
| | <input type="checkbox"/> Specialized** |
| | <input type="checkbox"/> Zoo |

28. Employer identification number/tax ID number _____

29 Check Type of Project (select one)

For Libraries:

- ☐ Continuing Education and Training
☐ Research and Demonstration
☐ Preservation or Digitization

For Museums:

- ☐ Museums Online
☐ Museums in the Community
☐ Professional Practices

For Library and Museum Collaborations:

- ☐ Library and Museum Collaborations

*A museum with collections representing two or more disciplines equally (e.g., art and history).

** A museum with collections limited to one narrowly defined discipline (e.g., textiles, stamps, maritime, ethnic group).

Project Budget Form

SECTION 1: DETAILED BUDGET

Year ☐1 ☐2 ☐3 - Budget Period from _____ to _____

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.8–3.10 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	NO.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____	_____

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	NO.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____	_____

FRINGE BENEFITS

RATE		SALARY BASE	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
TOTAL FRINGE BENEFITS \$			_____	_____	_____	_____

CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HOURS) ON PROJECT	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
TOTAL CONSULTANT FEES \$			_____	_____	_____	_____

TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS \$				_____	_____	_____	_____

Project Budget Form

SECTION 1: DETAILED BUDGET CONTINUED

Year ☐1 ☐2 ☐3

MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL COST OF MATERIALS, SUPPLIES, & EQUIPMENT \$		_____	_____	_____	_____

SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL SERVICES COSTS \$		_____	_____	_____	_____

OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL OTHER COSTS \$		_____	_____	_____	_____

TOTAL DIRECT PROJECT COSTS \$	_____	_____	_____	_____
--------------------------------------	-------	-------	-------	-------

INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, pages 3.8–3.9.)

Applicant organization is using:

- ☐ A. an indirect cost rate that does not exceed 15% of modified direct costs.
☐ B. federally negotiated indirect cost rate (see pages 3.8–3.9).

Name of Federal Agency

Expiration Date of Agreement

C. Rate base(s)		Modified Direct Costs			
_____	% of \$	_____	=	\$	_____
_____	% of \$	_____	=	\$	_____
_____	% of \$	_____	=	\$	_____

	IMLS	APPLICANT	PARTNER(S) IF APPLICABLE	TOTAL
TOTAL INDIRECT COSTS CHARGED TO \$	_____	_____	_____	_____

Project Budget Form

SECTION 2: SUMMARY BUDGET

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.8–3.10 BEFORE PROCEEDING.

DIRECT COSTS

	IMLS	Applicant	Partner(s) (if applicable)	Total
SALARIES & WAGES	_____	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____	_____
CONSULTANT FEES	_____	_____	_____	_____
TRAVEL	_____	_____	_____	_____
MATERIALS, SUPPLIES & EQUIPMENT	_____	_____	_____	_____
SERVICES	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
TOTAL DIRECT COSTS	\$ _____	\$ _____	\$ _____	\$ _____

INDIRECT COSTS * \$ _____ \$ _____ \$ _____ \$ _____

*You may request indirect costs from IMLS only on the direct project costs requested from IMLS.

TOTAL PROJECT COSTS \$ _____

AMOUNT OF CASH-MATCH \$ _____ \$ _____

AMOUNT OF IN-KIND CONTRIBUTIONS \$ _____ \$ _____
(INSTITUTIONAL COST-SHARING), INCLUDING INDIRECT COSTS

TOTAL AMOUNT OF MATCH (CASH & IN-KIND CONTRIBUTIONS) \$ _____

AMOUNT REQUESTED FROM IMLS, INCLUDING INDIRECT COSTS \$ _____

PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS _____ %
(MAY NOT EXCEED 50% IF REQUEST EXCEEDS \$250,000 – RESEARCH PROJECTS EXCEPTED, SEE COST SHARING ON PAGE 1.7)

Have you received or requested funds for any of these project activities from another federal agency?
(Please check one) ☐ Yes ☐ No

If yes, name of agency _____

Date of application _____ or award _____ Amount requested or received \$ _____

Specifications for Projects Involving Digitization

1. Describe types of materials to be digitized (i.e., artifacts, maps, manuscripts, photographs, audio recordings, video recordings, motion pictures) and number of each:

2. Identify copyright issues and other potential restrictions:

☐ Public Domain ____% of total ☐ Permissions have been obtained ____% of total

☐ Permissions to be requested ____% of total – Plan to address: _____

☐ Privacy Concerns ____% of total – Plan to address: _____

☐ Other - Explain: _____

3. List the equipment, with specifications, whether purchased, leased, or outsourced, that will be used (e.g., camera, scanner, server): _____

4. Specify each type of file format (e.g., TIFF, JPEG) to be produced and anticipated image quality of each (minimum resolution, depth, tone, pixels) :

☐ Master _____

☐ Access _____

☐ Thumbnail _____

☐ Formats for other media (e.g., audio, video, motion picture), include sampling rates, if applicable _____

5. Describe 1) the delivery medium that will be used and 2) the digital access management system or systems that will be used to make this material available to others. _____

6. Describe the quality control plan: _____

7. Estimate cost per image. Include costs such as scanning, quality control and indexing. Indicate the basis for calculation: _____

8. Explain how content will be discovered through metadata, including which standards you will use (e.g., MARC, EAD, Dublin Core): _____

9. Describe plans for preservation and maintenance of the digital files during and after the expiration of the grant period (i.e., storage systems, migration plans, and funding): _____

10. If you are producing collection-level records, describe plans for submitting collection-level descriptive records to a bibliographic utility, such as Research Libraries Information Network (RLIN) or Online Computer Library Center (OCLC): _____

11. Describe plans for submitting information about the project to a national level registry of digital resources, such as the Association of Research Libraries' Digital Initiatives Database (<http://www.arl.org/did/>) or OCLC's Cooperative Online Resource Catalog (<http://www.oclc.org/corc/>): _____

12. Provide URL(s) for applicant's previously-digitized collections: _____

Sample Schedule of Completion

The applicant must provide a Schedule of Completion that shows when each major project activity will be completed and how grant funds will be expended throughout the project. The Schedule of Completion must correspond to the activities described in the Narrative. It must include direct costs requested from IMLS for each activity. The dates on your Schedule of Completion must correspond with the project dates on the Face Sheet (pages 5.3-5.4). The applicant need not follow this sample format but must provide the same information, indicating milestones for completion of each major project activity and showing how grant funds are to be spent over the course of the project.

	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.
Data Requirements			\$11,500									
Design and Pre-test							\$65,000					
Conduct Survey							\$5,000					
Data Analysis												\$23,000
Web Site									\$19,000			
Teleconference										\$1,000		
Training Institute												\$15,000
Evaluation												\$1,500
Conferences											\$7,000	
Training Institute											\$15,000	
Final Report Dissemination												\$25,000

Direct costs requested from IMLS \$188,000

Sample Partnership Statement

This page is a sample format for a partnership application. Prepare yours in a similar manner. You may complete separate statements with each partner or add additional signature lines for multiple partners. Information about partnership applications is on page 1.4. All partners must sign Partnership Statements. They do not need to all sign the same document.

1. Applicant Organization:

Other partner members (organizations):

2. Briefly list the activities that each organization has agreed to perform:

3. We, the undersigned institutions, agree to all of the following:

- We will carry out the activities described above and in the Application Narrative;
- We will use any funds we receive from IMLS in accordance with applicable federal laws and regulations; and
- We assure that our facilities and programs comply with applicable federal requirements.

Signature of Authorizing Official

Partner Organization (Type or Print)

Name of Authorizing Official (Type or Print)

Date

Signature of Authorizing Official

Partner Organization (Type or Print)

Name of Authorizing Official (Type or Print)

Date

Signature of Authorizing Official

Partner Organization (Type or Print)

Name of Authorizing Official (Type or Print)

Date

IMLS Assurances

The IMLS is required to obtain from all applicants certifications regarding federal debt status, debarment and suspension, non-discrimination, and a drug-free workplace. Applicants requesting more than \$100,000 in grant funds must also certify regarding lobbying activities and may be required to submit a "Disclosure of Lobbying Activities" (Standard Form LLL). Some applicants will be required to certify that they will comply with other federal statutes that pertain to their particular situation. These requirements are incorporated in the Assurances Statement below. Review the Statement and sign the certification form. If you receive a grant, you must comply with these requirements.

CERTIFICATION OF AUTHORIZING OFFICIAL

(The applicant organization's authorizing official should sign the following certification after all other parts of the application form have been completed)

I have examined this application, and I hereby certify on behalf of the applicant organization that

- 1) the information provided is true and correct; *and*
- 2) all requirements for a complete 2004 IMLS application have been fulfilled; *and*
- 3) the applicant is providing and will comply with the applicable certifications regarding federal debt status, debarment and suspension, nondiscrimination, drug-free workplace, and lobbying activities as set forth in the Assurances statement below.

Should my organization receive a grant, the organization and I will comply with all grant terms and conditions, all requirements of the IMLS Grants Regulations (45 CFR Part 1180 et seq.), all statutes outlined below, and all other applicable federal statutes and regulations.

Signature of Authorizing Official

Date

Name and Title of Authorizing Official (printed or typed)

IMLS Regulations are available upon request.

ASSURANCES STATEMENT

By signing the application form, the authorizing official, on behalf of the applicant, assures and certifies that, should a grant be awarded, it will comply with the statutes outlined below and all related IMLS regulations. These assurances are given in connection with any and all financial assistance from IMLS after the date this form is signed, but may include payments after this date for financial assistance approved prior to this date. These assurances shall obligate the applicant for the period during which the federal financial assistance is extended. The applicant recognizes and agrees that any such assistance will be extended in reliance on the representations and agreements made in these assurances, and that the United States government has the right to seek judicial enforcement of these assurances, which are binding on the applicant, its successors, transferees, and assignees, and on the authorized official whose signature appears on the application form.

**FINANCIAL,
ADMINISTRATIVE,
AND LEGAL
ACCOUNTABILITY****I. CERTIFICATIONS REQUIRED OF ALL APPLICANTS**

The authorizing official, on behalf of the applicant, certifies that the applicant has legal authority to apply for federal assistance and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.

The authorizing official, on behalf of the applicant, certifies that the applicant will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 (31 U.S.C. § 7501 et seq.) and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

The authorizing official, on behalf of the applicant, certifies that the applicant will comply with the provisions of OMB Circular No. A-110, "Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations."

**FEDERAL
DEBT STATUS**

The authorizing official, on behalf of the applicant, certifies to the best of his or her knowledge and belief that the applicant is not delinquent in the repayment of any federal debt.

**DEBARMENT
AND
SUSPENSION**

The authorizing official, on behalf of the applicant, certifies to the best of his or her knowledge and belief that the applicant and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
- (b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, or in connection with a violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a three-year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default.

**NON-
DISCRIMINATION**

The authorizing official, on behalf of the applicant, certifies that the applicant will comply with the following nondiscrimination statutes and their implementing regulations:

- (a) Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. § 2000 et seq.), which prohibits discrimination on the basis of race, color, or national origin;
- (b) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 701 et seq.), which prohibits discrimination on the basis of disability;

**DRUG-FREE
WORKPLACE
ACT OF
1988**

- (c) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-83, 1685-86), which prohibits discrimination on the basis of sex in education programs; and
 - (d) the Age Discrimination in Employment Act of 1975, as amended (42 U.S.C. § 6101 et seq.), which prohibits discrimination on the basis of age.
- (A) The authorizing official, on behalf of the applicant, certifies that the applicant will or will continue to provide a drug-free workplace by:
- (a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the action that will be taken against employees for violation of such prohibition;
 - (b) establishing an ongoing drug-free awareness program to inform employees about:
 - (1) the dangers of drug abuse in the workplace;
 - (2) the grantee's policy of maintaining a drug-free workplace;
 - (3) any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) the penalties that may be imposed on employees for drug abuse violations occurring in the workplace;
 - (c) making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - (d) notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - (1) abide by the terms of the statement; and
 - (2) notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace not later than five calendar days after such conviction;
 - (e) notifying the agency in writing within ten (10) calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the federal agency has designated a central point for the receipt of such notices. Notices shall include the identification number(s) of each affected grant;
 - (f) taking one of the following actions within thirty (30) days of receiving notice under subparagraph (d)(2) with respect to any employee who is so convicted:
 - (1) taking appropriate personnel action against such an employee, up to and including termination consistent with the requirements of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 701 et seq.); or
 - (2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law or other appropriate agency; and
 - (g) making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
- (B) The applicant shall either identify the site(s) for the performance of work done in connection with the project in the application material or shall keep this information on file in its office so that it is available for federal inspection. The street address, city, county, state, and zip code should be provided whenever possible.

**CERTIFICATION
REGARDING
LOBBYING
ACTIVITIES
(APPLIES
TO
APPLICANTS
REQUESTING
FUNDS IN
EXCESS OF
\$100,000)**

- The authorizing official certifies, to the best of his or her knowledge and belief that:
- (a) no federal appropriated funds have been paid or will be paid, by or on behalf of the authorizing official, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a federal contract, the making of a federal grant, the making of a federal loan, the entering into of a cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan, or cooperative agreement.
 - (b) if any funds other than appropriated federal funds have been paid or will be paid to any person (other than a regularly employed officer or employee of the applicant) for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the authorizing official shall request, complete, and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
 - (c) the authorizing official shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

**GENERAL
CERTIFICATION**

The authorizing official, on behalf of the applicant, certifies that it will comply with all applicable requirements of all other federal laws, executive orders, regulations, and policies governing the program.

II. CERTIFICATIONS REQUIRED OF SOME APPLICANTS

The following certifications are required if applicable to the project for which an application is being submitted. Applicants should be aware that additional federal certifications, not listed below, might apply to a particular project.

SUBAGREEMENTS

Applicants who plan to use awards to fund subgrants, contracts and subcontracts should be aware that they must receive the following certifications from applicants to grant programs and those who bid on contracts:

- (1) certification of compliance with the nondiscrimination statutes from institutional applicants and contractors, and
- (2) certification regarding debarment and suspension from applicants to grant programs (regardless of the amount requested) and from potential contractors and subcontractors who will receive \$100,000 or more in grant funds. Applicants are also required to include without modification the following wording in solicitations for all grant proposals and for contracts that are expected to equal or exceed \$100,000:
 - (a) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - (b) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**NATIVE
AMERICAN
HUMAN
REMAINS
AND
ASSOCIATED
FUNERARY
OBJECTS**

The authorizing official, on behalf of the applicant, certifies that the applicant will comply with the provisions of the Native American Graves Protection and Repatriation Act of 1990 (25 U.S.C. § 3001 et seq.), which applies to any organization that controls or possesses Native American human remains and associated funerary objects, and which receives federal funding, even for a purpose unrelated to the Act.

**HISTORIC
PROPERTIES**

The authorizing official, on behalf of the applicant, certifies that the applicant will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. § 470f), Executive Order (E.O.) 11593, and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. § 469 et seq.).

**ENVIRONMENTAL
PROTECTIONS**

The authorizing official, on behalf of the applicant, certifies that the project will comply with environmental standards, including the following:

- (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969, as amended (42 U.S.C. § 4321 et seq.) and Executive Order (E.O.) 11514;
- (b) notification of violating facilities pursuant to Executive Order (E.O.) 11738;
- (c) protection of wetlands pursuant to Executive Order (E.O.) 11990, as amended by Executive Order (E.O.) 12608;
- (d) evaluation of flood hazards in floodplains in accordance with Executive Order (E.O.) 11988, as amended.
- (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972, as amended (16 U.S.C. § 1451 et seq.); and
- (f) conformity of federal actions to State (Clean Air) Implementation Plans under section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.);
- (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (42 U.S.C. § 300f et seq.); and
- (h) protection of endangered species under the Endangered Species Act of 1973, as amended (16 U.S.C. §§ 1531-1543).

The authorizing official, on behalf of the applicant, certifies that the project will comply with the Wild and Scenic Rivers Act of 1968, as amended (16 U.S.C. §1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

The authorizing official, on behalf of the applicant, certifies that the applicant will comply with the flood insurance requirements of the Flood Disaster Protection Act of 1973, as amended (42 U.S.C. § 4001 et seq.), which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

The authorizing official, on behalf of the applicant, certifies that the project will comply with 45 C.F.R. Part 46 regarding the protection of human subjects involved in research, development and related activities supported by this award of assistance.

**RESEARCH
ON HUMAN
AND
ANIMAL
SUBJECTS**

The authorizing official, on behalf of the applicant, certifies that the project will comply with the Laboratory Animal Welfare Act of 1966, as amended (7 U.S.C. § 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

For further information on these certifications, contact IMLS at 1100 Pennsylvania Avenue, NW, Room 510, Washington, DC 20506 or call (202) 606-8536.